N. B.

| STATE (   | OF MARYLAND-   | CERTIFICATE OF DEATH 07581  |
|---|--|---|
| 1. PLACE OF DEATH                                       |  |   |
| County Carvert  |  | Registration Dist. No. 5  |
| Village or City Alelin                                  | a  | NoSt.,Ward  |
|   |  | death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth? |
| Length of residence in city or town where               | deeth occurredyrsmos   | yis. How found in 6.5. if of foreign puttir:yis.  |
| 2. FULL NAME  | ces Prooks   |   |
| (a) Residence: No. Atelu                                | (Usual place of abode)                                       | St., Ward.  If nonresident give city or town and State  |
| PERSONAL AND STATIST                                    |  | MEDICAL CERTIFICATE OF DEATH  |
| SEX 4. COLOR OR RACE                                    | 5. SINGLE, MARRIED, WIDOWED,<br>OR DIVORCED (write the word) | 21. DATE OF DEATH 193 2   |
| . If married, widowed, of divorced                      | Suarried   | (Month) / (Day) (Yeer)  |
| HUSBAND of Gor) WIFE of Susu Hr                         | Amon Brooks.   | 22. I HEREBY CERTIFY. That I attended decessed from ho doclor for tetterdague 19  |
| DATE OF BIRTH (month, day, and year)                    | hkunn  | I last saw h alive on   6   19 3 death is said  |
| AGE Years Months  | Days If LESS than 1 day, hrs.                                | to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related ceuses of importance                      |
| 8. Trade, profession, or particular                     | \( \text{ormin.} \)  | were as follows:  |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. |  | Chrome Call. Kurt   |
| 9. Industry or business in which                        |  | 1 mo  |
| work was done, es SILK MILL,<br>SAW MILL, BANK, etc     | 11 Total time (years)  | doense.   |
| this occupation (month and                              | 11. Total time (years) spent in this occupation              |   |
|   |  | Other Cantributary Causes of Importance:  |
| State or country)                                       |  | Just againa - wa  |
| 13. NAME Unker  | ionn   | I am I dead   |
|   | • ,  | Name of operation Date of   |
| 14. BIRTHPLACE (city or town)                           | ,,   | What test confirmed diagnosis?  |
| 15. MAIDEN NAME   |  | 23. If death was due to external causes (VIOLENCE) fill in also the following:  |
|   |  | Accident, suicide, or homicide? Date of injury, 19  |
| 16. BIRTHPLACE (city or town)                           | •  | Where did injury occur?   |
| (Address) Por rede                                      | ason   | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                  |
| B. BURIAL, CREMATION, OR REMOVAL                        | 71.  | Manner of injury  |
| Place Carroll's   | Date 16 , 1932   | Nature of Injury  |
| O. UNDERTAKER W. J. Se<br>(Address)                     | well   | 24. Wes disease or injury in any prelated to occupation of deceesed?  |
| 0. FILED 75 1932  | J. M. Jung<br>Registrar.                                     | (Signed) Myself Myo.  (Address) Mulli Fulling   |
| If mor  | 4  | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.  |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

| The principal cause of death and related causes Date of onset |  |               | Example II   |               |  |
|---|--|---------------|--|---------------|--|
| The principal cause of dea of importance were as follows:     | ws:  | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Arteriosclerosis  | AUG 5 1982   | 1915          | Attack of cpilepsy   | 1 week ago    |  |
| Chronic interstitial nephritis                                |  | 1921          | Run over by street car   | 1 week ago    |  |
| Cerebral hemorrhage   | BURLAU   | July 5, 1927  | Peritonitis  | 3 days ago    |  |
| ( )   | المنافعة والمنافعة والمناف |               |  |               |  |
| Other contributory causes                                     | of importance:   |               | Other contributory causes of importance:                                       |               |  |
| Gallstones  |  | May 1,1923    | Gastroenteritis  | 1 year        |  |
|   |  |               |  |               |  |
|   |  | (             |  |               |  |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|------------|-------|-----|---------|------------|----|-----------|

PHYSICIANS should state

stated EXACTLY.

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

-WRITE PLAINLY,

be

AGE should be

OCCUPA-

Jo

Exact statement

| STATE OF MARVIAND   | CERTIFICATE OF DEATH #7582   |
|---|--|
|   | CERTIFICATE OF DEATH 1100  |
| 1. PLACE OF DEATH   | 119  |
| County Caliza   | Registration Dist. No. 20  |
| Village or City Walvela   | No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)             |
|   | ds. How long in U.S. if of foreign birth?yrsmosds.   |
| 2. FULL NAME Langton Brow   | er   |
| (a) Residence: No.  | St., Ward.   |
| (Usual place of abode)  | If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
| SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)        | 21. DATE OF DEATH July 10 1937   |
| a. If married, widowed, or divorced HUSBAND of  | (Month) (Day) (Year)   |
| (or) WIFE of  | 22. THEREBY CERTIFY That attended deceased from  |
| 10. 00/200  |  |
| AGE Years Months Days If LESS than  | to have occurred on the data stated abova, at  |
| l day,hrs.  | Tha PRINCIPAL CAUSE OF DEATH and related causes of importance  |
| 8. Trada, profession, or particular   | were as follows: Out of onset  |
| kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.                               | Linearins straight   |
| 9. Industry or business in which work was done, as SILK MILL,                         |  |
| SAW MILL, BANK, etc.  |  |
| 10. Date deceased last worked et this occupation (month and spent in this occupation) |  |
| Co Marie  | Other Contributory Causes of importanca:   |
| (State or county)   |  |
| 13, NAME 67 NOVEN MOUN  |  |
| 1000  | Name of operation Oate of  |
| (State or country)  | What test confirmed diagnosis?   |
| 15. MAIDEN NAME VIGUE DELES OR  | 23. If death was due to axtarnal causas (VIOLENCE) fill in also the following:                                     |
| 16. BIRTHPLACE (city or town) Calorina Co. Me   | Accident, suicide, or homicide?Oate of injury, 19  |
| (Stata or country)  | Where did injury occur?  |
| 17. INFORMANT Alues of Plus and (Address) Was elected as the                          | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, |
| 18. BURIAL, CREMATION, OR REMOVAL   | Manner of injury   |
| Placa Q Oate 0,19   | Nature of Injury   |
| Molle Visa in the   | 24. Was disease of injury in any way related to occupation of deceased?  |
| (Address) Woelper   | If so, specify   |

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of cpilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

| ADDITIONAL SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------------|-----|---------|------------|----|-----------|
|------------------|-----|---------|------------|----|-----------|

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CLANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact RECORD MARGIN RESERVED FOR BINDI ITH UNFADING INK-THIS IS A PERMA WRITE PLAINLY

V. S. No. 1

| PLACE OF DEATH County Calvert  | STATE OF MARYLAND CERTIFICATE OF DEATH  |
|--|---|
|  | Registration Dist. No. 52   |
| Village or City Changulle (No.  2FULL NAME Leray Lee Cho  PERSONAL AND STATISTICAL PARTICULARS   | St.: Ward)  (If death occurred in a hospital or institution, give its NAME II stend of street and number.)  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)   | 16 DATE OF DEATH July 30 , 183 2  |
| (Month) (Day) (Year)  7 AGE  [If LESS than I dayhrs.   | I HEREBY CERTIFY, That Attended the deceased from   |
| 7 AGE    If LESS than   day hrs. or min.?  | The CAUSE OF DEATH * was as follows:  |
| (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country) | (Duration) Z_yrs. mos. ds.  |
| 10 NAME OF Jours Chang   | Secondary  (Duration)  (Signed)  (Signed)  (Address)  (Address)   |
| OF FATHER (State or country)  12 MAIDEN NAME   | *State the Disease Causing Death, or, An deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  | 18 LENGTH OF RESIDENCE (For ients or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted,                              |
| 13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Miss Matter Handesty  | if not at place of death?  Former or usual residence  |
| (Address) Charley  | 20 IN DERTAKER ADDRESS  |
| If more bianks are needed, address State Registrar   | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.  |

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househou chold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Woinwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material Salcsman. 6 Grocery,

Strtement of Cause of Death—Name, first, the DISEACH CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, "PUERPERAL scplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," (E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HONICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary Whooping Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY or intercurrent) cough; Chronic valvular heart disease; etc. The contributory affection need not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA-

| STATE OF MARYLAND—CERTIFICATE OF DEATH | 07584 |
|--|-------|
| 1. PLACE OF DEATH                      |       |

|                 | 1. PLACE OF DEATH  | 3  |
|-----------------|--|--|
|                 | County Calvert   | Registration Dist. No. 2 d   |
|                 | Village or City Mtc Hanny  | NDSt.,Ward   |
|                 | (If  | death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?mos |
|                 | n / 12 0 0 4   | /  |
|                 | 2. FULL NAME Day Curt  | ·  |
|                 | (a) Residence: No. (Usual place of abode)                          | St., Ward.  If nonresident give city or town and State   |
|                 | PERSONAL AND STATISTICAL PARTICULARS                               | MEDICAL CERTIFICATE OF DEATH   |
|                 | 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,               | 21. DATE OF DEATH  |
|                 | OR DIVORGED (write the word)                                       |  |
|                 | 5a. It married, widowed, or divorced                               | (Month) (Day) (Year)   |
|                 | HUSBAND ot<br>(or) WIFE of   | 22. I HEREBY CERTIFY, That I attended deceased from  |
|                 | - / /2   | , 19, 10   |
| certificate.    | 6. DATE OF BIRTH (month, day, end year) // 2// 3 L                 | l lest saw h alive on  |
|                 | 7. AGE Years Months Days It LESS than 1 day, hrs.                  | to have occurred on the date stated above, at  |
| Ŧ               | ormin.   | were as follows Date of onset  |
|                 | 8. Trade, profession, or particular kind of work done, as SPINNER, | and oan  |
| back of         | SAWYER, BDDKKEEPER, etc  |  |
|                 |  |  |
| on k            | 10. Dato deceased last worked at 11. Total time (years)            |  |
| 0 81            | this occupation (month and spent in this occupation coupation      |  |
| instructions    | 12. BIRTHPLACE (city or town)                                      | Dther Contributory Causes of importance:   |
| ruc             | (State or pountry)   | 4.80   |
| ust             | 13. NAME Lucius Custais  | 7  |
| e ii            | 14. BIRTHPLACE (city or town) Mc                                   | Name of operation Date of  |
| See             | (Stete or country)   | What test confirmed diegnosis? Was there an autopsy?   |
| ıt.             | 15. MAIDEN NAME Marthe Blace                                       | 23. If death was due to external causes (VIOL ENCE) fill in also the following:  |
| very important. | 15. MAIDEN NAME Marthe Mallace 16. BIRTHPLACE (city or town)       | Accident, suicide, or homicide? Date ot injury, 19   |
| (od)            | (State or country)   | Where did injury occur?  |
| ii              | 17. INFORMANT Ida Muull  | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.                     |
| ery             | (Address)  |  |
| is v            | 18. BURIAL, CREMATION, OR REMOVAL                                  | Manner of Injury   |
| Z               | Place M. Hospe Date Mug 1, 1932                                    | Nature of injury   |
| TION            | 19. UNDERTAKER W. H. Hactchens                                     | 24. Was disease or injury in any way related to occupation of deceased?  |
| 1               | (Address) mt Harmany   | If so, specify   |
|                 | 20. FILED Ag 1 , 1952 WH Hardesty                                  | (Signed) M. D.   |
|                 | Registrar.   | (Address)  |
|                 | If more blanks are needed, address State Registrar,                | 2411 N. Charles Street, Baltimore, Requesting V.S. No. 1.  |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |               | Example II   |                           |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows:  Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows:  Attack of epilepsy | Date of onset  1 week ago |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago                |
| Cerebral hemorrhage  | July 5, 1927  | Peritonitis  | 3 days ago                |
| BUREAU V.S.  | j             |  |                           |
| Other contributory causes of importance:   |               | Other contributory causes of importance:   |                           |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year                    |
|  |               |  |                           |
|  | 1             |  |                           |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

| See letter under Word" 8/26/32 for authoryotion |   |
|---|---|
|   | 1 |
| Charles ser                                     |   |
| Tours of the second                             |   |
|   |   |

V. S. No. 1

| ) | ERMANENT RECORD. Every item of infor-   | EXACTLY. PHYSICIANS should state   | y classified. Exact statement of OCCUPA-   | te.  |
|---|---|--|--|--|
|   | N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | TION is very important. See instructions on back of certificate. |
|   | 14  | П  |  |  |

07585

| 1. PLACE OF DEATH   | (48)   |               |
|---|--|---------------|
| County Calverr  | Registration Dist. No. 50  |               |
| Village Dr City Dowells   | NoSt.,   | Ward          |
|   | death occurred in a hospital or institution, give its NAME instead of street and nur |               |
| alian Manual  | ds. How long in U.S. If of foreign birth?yrs,mos.                                    |               |
| 2. FULL NAME WILL MANA  | Nace   |               |
| (a) Residence: Np. (Usual place of abode)                                     | St., Ward.  If nonresident give city or town and St                                  | late          |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   | inte          |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,                          | 21. DATE OF DEATH A  |               |
| gemale White married  | July 3   | 19832         |
| 5a. If married, widowed, or divorced  | (Month) (Day)  | (Year)        |
| HUSBAND OF nulliancel Dare  | 22. I HEREBY CERTIFY, That I attended de   | ceased from   |
| C DATE OF BIBTH (month day and year) TCh 31-1884                              | Hast saw het alive on when 1- 1932   | death is seid |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at  | death is sein |
| 44-7  | The PRINCIPAL CAUSE OF DEATH and related ceuses of importance                        |               |
| 2 Trade profession or particular  | were as follows:   | Data of onset |
| 8. Trade, profession, or particular kind of work done, as SPINNER, Thuseway   | `  | 11            |
| 9 Industry or business in which   | Wering Carcenoma   | 1429          |
| work was done, es SILK MILL,<br>SAW MILL, BANK, etc.                          |  | 1             |
|   |  |               |
| year) occupation occupation   | Other Coutributory Causes of Importance:   |               |
| 12. BIRTHPLACE (city or town)   |  |               |
| (State or country)  |  |               |
| 13. NAME Joseph Haraesty 14. BIRTHPLACE (city or town) - Marylace             |  |               |
| 14. BIRTHPLACE (city or town) - Marylace                                      | Name of operation tysterectory Date of   | 1/29          |
| (State of country)  | What test confirmed diagnosis? MACTOS'COPC Was there an au'                          | opsy? 170     |
| 15. MAIDEN NAME Lurule watson   | 23. If deeth was due to external causes (VIOLENCE) fill in also the following:       |               |
| [ 16. BIRTHPLACE (city or town) [ Many and [ ]                                | Accident, suicide, or homicide? Date of injury                                       | , 19          |
| (State of country)  | Where dis injury occur?(Specify city or town, county and State)                      |               |
| 17. INFORMANT MANUALLE DUCK   | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC              | E.            |
| (Address)  18. BURIAL, CREMATION, OR REMOVAL                                  | Manner of Injury   |               |
| Place Orivet, Med Date July 6, 1932   | *Nature of injury  |               |
| F F Deston 5 1  |  |               |
| 19. UNDERTAKER 6 (Address)  | 24. Wes disease or injury in eny way related to occupation of decessed?              |               |
| 7/5 32 10/01/   | (Signed) 6 5 ~ Wally   | / M D         |
| 20. FILED 1934 AV Registrar.  | (Address) Lolomono m   | di            |
|   | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.                           | -             |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I  |               | Example  |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
|  | 1             |  |               |
| 1 5  | 1             |  |               |
| Other contributory causes of importance:                                       | and the       | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  | 4.3           |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|------------|-------|-----|---------|------------|----|-----------|

mid

# V. S. No. 1

CAUSE mation

(Address)

21, 1932 ...

20. FILED . Jack

| STATE OF   | MARYLAND-                                       | CERTIFICATE OF DEATH   | 07586                        |
|--|---|--|------------------------------|
| 1. PLACE OF DEATH,   |   | (15°F)   |                              |
| County Calant  |   | Registration Dist,   | No. 22                       |
| Village or City Dozula   | 1   | No   | St., Ward                    |
| Length of residence in city or town where dea  |   | f death occurred in a hospital or institution, give its NAME inster                                    |                              |
| 2. FULL NAME   | y Luzzem  | 7  |                              |
| (a) Residence: No.   | (Usual place of abode)                          | St., Ward.  If nonresident give ci   | ly or town and State         |
| PERSONAL AND STATISTIC   | AL PARTICULARS                                  | MEDICAL CERTIFICATE OF   | DEATH                        |
| 3. SEX 4. COLOR OR RACE 5  | OR DIVORCED (write the word)                    | 21. DATE OF DEATH  | 3 , 193 Z (Yeer)             |
| 5a. If metried, widowed, or divorced<br>HUSBAND of<br>(or) WIFE of   |   | 22. I HEREBY CERTIFY. TI   | hat I attended deceesed from |
| 6. DATE OF BIRTH (month, day, and year)  | 71516   | l last sew h elive on  | 197 c death is said          |
| 7. AGE Years Months  | Days If LESS than                               | to have occurred on the date stated above, at  |                              |
| 3  | 2/ l dey,hrs.                                   | The PRINCIPAL CAUSE OF DEATH and related causes of in  |                              |
| 3 Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.   | 26,   | Mal mulita   | Oate of onset                |
| kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month and |   |  |                              |
| 10. Date deceased lest worked at this occupation (month and year)  | 11. Totel time (years) spent in this cocupetion |  |                              |
| 12. BIRTHPLACE (city or town) (State or country)   | /   | Other Coutributory Causes of importance:   |                              |
| 13. NAME 13. NAME 14. BIRTHPLACE (city or town)  | Books   |  |                              |
| 14. BIRTHPLACE (city or town)  | <i>~</i>  | Name of operation  |                              |
| 15. MAIDEN NAME  | Zanguria -                                      | 23. If deeth wes due to external causes (VIOL ENCE) fill in al   |                              |
| 16. BIRTHPLACE (city or town)  |   | Accident, suicide, or homicide? Date o   |                              |
| 17. INFORMANT (Address)  | - July  | Where did Injury occur? (Specify city or town, Specify whether injury occurred in INOUSTRY, in HOME, o |                              |
| 18. BURIAL, CREMATION OF REMOVAL PIece Al Elmans   | Date Enrly 131932                               | Menner of Injury   |                              |
| 19. UNDERTAKER Ham Scha  | mbers   | 24- Was diseasa or injury in any way related to occupation o   | f deceased?                  |

Registrar.

if so, specify (Signed)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
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| Chronic interstitial nephritis   | 1921          | Run over by street ear   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       | •             | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

of OCCUPA-

Exact statement

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

-WRITE PLAINLY,

V. S. No. 1

| 6   | 5  | 4 | 20 |   | de |
|-----|----|---|----|---|----|
| - 4 | 7. | 6 | Ð  | 8 | 1  |

| 1. PLACE OF DEATH   | 95-2  |
|---|---|
| County Calvert  | Registration Dist. No. 50   |
| Village or City Oliver.   | NoSt.,Ward  |
| (If Length of residence In city or town where death occurredyrsmos.   | death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? vrs. mos. ds. |
| a de de la la   | ds. How long in U.S. if of foreign birth?yrsds.   |
| 2. FULL NAME CONNECT STOREGE  | -   |
| (a) Residence: No. (Usual place of abode)   | St. Ward.   |
| PERSONAL AND STATISTICAL PARTICULARS  | If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,  | 21. DATE OF DEATH A   |
| OR DIVORCED (write the word)  | July 3 19932  |
| 5a. If married, widowed, or divorced  | (Month) (Day) (Year)  |
| HUSBAND of Cor) WIFE of   | 22. I HEREBY CERTIFY, That I attended deceased from   |
| (d) with the control of the control | may 1 , 1932, to may 19 , 1932  |
| 6. DATE OF BIRTH (month, day, and year) 18 70 - unknown   | I last saw her alive on May 19, 1932 death is said  |
| 7. AGE Years Months Days If LESS than   | to have occurred on the date stated above, at3  |
| 62 - 1 day,hrs.   | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  |
| 2 Trade profession or postigular  | Date of onset   |
| S. Hade, professing, or particular, or particular wind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this corruption (month and separation the particular or    | 0 1. 10 31  |
| 9. Industry or business in which work was done, as SILK MILL.   | Cardiac Degeneration /1932  |
| work was done, as SILK MILL,<br>SAW MILL, BANK, etc   |   |
| - Sport in this   |   |
| year) occupation  | Other Contributory Causes of importance:  |
| 12. BIRTHPLACE (city or town)   |   |
| (State or country)  |   |
| 13. NAME Storge Blake  14. BIRTHPLACE (city or town) manyland  (State or country)   |   |
| 4 14. BIRTHPLACE (city or town) Manyland  | Name of operation Date of   |
| (State of Country)  | What test confirmed diagnosis? Was there an au'opsy?  |
| 15. MAIDEN NAME WYREGOWN  | 23. If death was due to external causes (VIOL ENCE) fill in also the following:   |
| 15. MAIDEN NAME Unknown  16. BIRTHPLACE (city or town) Maryland  (State or country)   | Accident, suicide, or homicide? Date of injury, 19  |
| (State or country)  | Where did injury occur?   |
| 17. INFORMANT . J. Weems  | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                                |
| (Address) Oliver ind  |   |
| 18. BURIAL, CREMATION, OR REMOVAL 7/4- 32   | Manner of injury  |
| Place Date ,19  | Nature of injury  |
| 19. UNDERTAKER Sewell   | 24. Was disease or injury in any way related to occupation of deceased?   |
| (Address) & Frederick. 1 mg.  | If so, specify  |
| 20. FILED 7/3 1932 Dr. E. S. Laster.  | (Signed) 6 S. Cosler 7 M.D.   |
| Registrar.  | (Address) Sotomons, Mg.   |

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| 100000000000000000000000000000000000000  |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               | ***  | •             |
|  |               |  | .**           |

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

| - |  |
|---|--|
| 0 |  |
| Z |  |
| W |  |
| > |  |

| 1      | L. PLACE OF DEATH   | 92.00   |
|--------|---|---|
|        | County County   | Registration Dist. No.  |
|        | Village or City / Species   | NoSt.,<br>f death occurred in a hospital or institution, give its NAME instead of street and number                 |
|        | ·   | ds. How long in U.S. if of foreign birth?yrsmos   |
|        | 2. FULL NAME Sarah Por  | user  |
|        | (a) Residence: No.  | St., Ward.  |
| -      | (Usual place of abode)  | If nonresident give city or town and State  |
| -      | PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  |
| 3.     | 4. COLOR OR RACE 5. StNGLE, MARRIED, WIDOWED, OR DIVORCED (write the world) | 21. DATE OF DEATH   |
| 52/    | If married, widowed, or divorced  | (Month) (Day) (   |
| 1 39   | HUSBAND of (or) WIFE of   | 22. HEREBY CERTIFY. That I attended decease   |
| -      | yavre solution  | , 19 to   |
| -      | DATE OF BIRTH (month, day, and year) Unknown                                | i last saw h  |
|        | AGE Years Months Days If LESS than I day, hrs.                              | to have occurred on the date state above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance       |
| 14     | ibael 71 ormin.   | were as follows:  |
| NO     | 8. Trade, profession, or particular kind of work done, as SPINNER,          | cultive valled con the  |
| ATI    | SAWYER, BOOKKEEPER, etc.  |   |
| SUP    | work was done, as SILK MILL,<br>SAW MILL, BANK, etc                         | -   |
| OCCU   | 11. Total time (years) this occupation (month approximation)                |   |
| -      | year) occupation  | Other Contributory Causes of importance:  |
| 12     | BERTHPLACE (city or town)   |   |
| OK.    | (State or country)  | -   |
| FATHER | 13. NAME THOU VELLAGE   |   |
| FA     | 14. BIRTHPLACE (city or town) (State or country)                            | Name of operation Date of Date of What test confirmed diagnosis? Was there an au'ops                                |
| HER    | 15. MAIDEN NAME VON'T KLAST   | 23. If death was due to external causes (VIOLENCE) fill in also the following:                                      |
| THE    |   | Accident, suicide, or homicide? Date of Injury  |
| MOT    | 16. BIRTHPLACE (city or town) (State or country)                            | Where did injury occur?   |
| 17     | INFORMANT Horseon Joque   | (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 1      | (Address) Poplar (Le)   |   |
| 18     | BURIAL, CREMATION, OR REMOVAL   | Manner of injury  |
| -      | Place / Mul / Dato 1932   | Nature of injury  |
| 19     | UNDERTAKER OF DOROGE  | 24. Was disease or injury in any way related to occupation of deceased?   |
|        | (Address)   | If so, specify  |
| 20     | FILED feely 3, 19 32 & M. I Enry  | (Signed)  |
| 1      | Registrar.  | (Address) Caloud Caloud   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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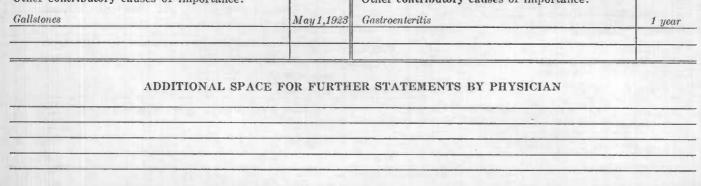
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| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |



CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

| STATE OF        | MARYLAND—CERTIFICATE OF DEATH | 0 |
|-----------------|-------------------------------|---|
| DI ACE OF BEATH | (8)                           |   |

7589

| 1. PLACE OF                           | DEATH A   | 9   |  |  |
|---------------------------------------|---|---|--|--|
| County/                               | Paris f.  |   | Registratio  | on Dist. No. 3   |
| Village or Ci                         |   |   | No.  |  |
| Length of resid                       | dence in city or town where                                       | death occurredyrsmos                                      | ds. How long in U.S. if of foreign birth?          | yrsmosas.  |
| 2. FULL NA                            | ME Day  | my tollan   | -9   |  |
| (a) Residence                         | ce: No.   | (Usual place of abode)                                    | St.,WardIf nonresid                                | ent give city or town and State  |
| PERSON                                | AL AND STATIST  | ICAL PARTICULARS  | MEDICAL CERTIFICA                                  | TE OF DEATH  |
| 3. SEX >M                             | 4. COLOR OR RACE  | 5. SINGLE, MARNIED, WIDOWED, OR DIVORCED (Vrice the word) | 21. DATE OF DEATH                                  | (Day) (Year)   |
| 5e. If married, widow<br>HUSBAND of   | ed, or divorced   |   |  |  |
| (or) WIFE of                          |   |   | 22. 1 HEREBY CERT1                                 | FY. That I attended deceased from  |
|                                       | フ   | 11/122  | I lest saw h alive on                              |  |
| 7. AGE Year                           | month, day, and year)   | Days   If LESS than                                       | to have occurred on the date stated above, at      |  |
| 7. AGE 1681                           | Months  | l day,hrs.  | The PRINCIPAL CAUSE OF DEATH and related co        |  |
|                                       |   | ormin.  | were as follows:                                   | Date of onset  |
| 8. I rade, profes                     | ssion, or particular<br>rork done, as SPINNER,<br>BOOKKEEPER, etc |   | 1-1-1-1-1  |  |
| 9. Industry or I                      | business in which   |   | John Wall  |  |
| Work was                              | done, as SILK MILL,<br>L, BANK, etc                               |   |  |  |
| 10. Date decease                      | ed lest worked et<br>petion (month and                            | 11. Total time (years) spent in this occupation           | Orimalia   |  |
|                                       | ) -   | 20 /  | Other Contributory Causes of importance:           |  |
| 12. BfRTHPLACE (cit<br>(State or coun |   |   | -  |  |
| 1                                     | ralling m   |   |  |  |
| E                                     | 1   | 11 1  |  |  |
| 14. BIRTHPLACE (State or              |   |   | Name of operation                                  |  |
|                                       | 1.01  | 6/11/2  | Whet test confirmed diagnosis?                     | The state of the s |
| 15. MAIOEN NAI                        | ME JOUR   | Howay   | 23. If death was due to externel causes (VIOLENCE  |  |
| 16. BIRTHPLACE                        | (city or town) for for country)                                   | <i>A</i>  | Accident, suicide, or homicide?                    | Date of Injury, 19   |
| - (State of                           | country   | 1101-1  | Where did injury occur? (Specify city              | y or town, county and State)   |
| 17. INFORMANT(Address)                | Sain of   | 4ccant  | Specify whether injury occurred in INDUSTRY, in    | HOME, or in PUBLIC PLACE.  |
| 18. BURIAL, CREMAT                    | 0 1-  | Date Fraly 19 ,19   | Manner of injury                                   |  |
| 19. UNDERTAKER<br>(Address)           | Robert ?  | Tray  | 24. Wes diseese or injury in any way related to oc | cupation of deceased?  |
| 20. FILED Ench                        | 1-12, 1932 W  | Hardesha  | (Signed) (Address)                                 | Wang M.D.  |
|                                       |   | / scgman.   | (1100103)  |  |

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| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage BUREAU V. S.   | July 5,1927   | Peritonitis  | 3 days ago    |
| The production of the second s |               |  |               |
| Other contributory eauses of importance:   |               | Other contributory eauses of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

|       |   | 4 - 4 - 6 |  |
|-------|---|-----------|--|
|       | 6 |           |  |
|       |   |           |  |
| - 1 - |   |           |  |

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

mation should be carefully supplied. AGE should be stated EXACTLY.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

| STATE OF MARYLAND—   | CERTIFICATE OF DEATH (1759)  |
|--|--|
| 1. PLACE OF DEATH  | - (84)   |
| County (alvers)  | Registration Dist. No.   |
| Village or City Tors Reprobe   | No. St., Ward  |
| Length of residence in city or town where death occurred, 30 yrs   | death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?mos,ds.   |
| 2. FULL NAME Leaves Thomas H   | low to   |
| (a) Residence: No. Pot Republic 1  | RCst Ward.   |
| (Usual place of abode)   | If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  | 21. DATE OF DEATH July 3   |
| 5a. If married, widowed, or divorced   | (Month) (Day) (Year)   |
| HUSBAND of TILL COLLEGE POSTS HEER   | 22. I HEREBY CERTIFY, That I ettended deceased from  |
| Live Commoder ( 1948   | , 19, to, 19, 19   |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months Days If LESS than  | I last saw h alive on the data stated shows at 130 Fm ; death is said  |
| 474 / 2 I day,hrs.   | to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance                               |
| 8 Trade, profession, or particular   | TISTER Shot waker lose class Data of one of  |
| 8 Trade, profession, or particular kind of work done, es SPINNER, fames  | Crown E. Company   |
| kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9: Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month edd). |  |
| SAW MILL, BANK, et 11. Total time (years)  | accident. Son, shooting at a howk.   |
| this occupation (month excelled 3 spant in this year)  | es cuzo?   |
| 12. BIRTHPLACE (city or town) Palorae Co. We!  | Other Contributory Causes of importance:   |
| (State or country)   | 3 200  |
| 13. NAME Melloam Harte   |  |
| 13. NAME Y Cloar Hard Land Land Land Land Land Land Land Lan   | Name of operation  |
| (State of country)//   | What test confirmed diagnosis? Was there an autopsy?   |
| 16. BIRTHPLACE (city or town) Coloroge O. M. (State or country)  | 23. If death was due to external causes (VIOLENCE) fill in elso the following:   |
| 16. BIRTHPLACE (city or town) Solote Co., N.C.   | Accident, suicide, or homiofde   |
| Gille County)  | Where did injury occurred (Specify city or town, county and State)  pecify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 17. INFORMANT (Address)  | Specify whether injury occurred in INDUSTRI, in nome, of in Public Place.  |
| 18. BURIAL, CREMATION, OR REMOVAL  | Manner of injury Son has pislac - 5 hosting as hourt   |
| Place Technolic Oate Oate 1933   | Neture of injury Pistael-Shor would  |
| 19. UNOERTAKER WY SWELL  | 24. Was disease or injury In any way related to occupation of deceased? A S  |
| (Aphress)  | if so, specify   |
| 20. FILED July 4 , 19 St. Clay Brown   | (Signed) WITH CLUBES M. D.   |
| Registrar.   | (Address) Solatte Creek M.C.   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotcl, etc. For a person who had no occupation whatever write none.

· To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5, 1927  | Peritonitis  | 3 days ago    |
| MIC 6 1882   |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Other contributory causes of importance: 3.                                    | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               | "  | * .           |
|  |               |  |               |

| ADDITIONAL SPAC | E FOR | FURTHER | STATEMENTS | $\mathbf{BY}$ | PHYSICIAN |
|-----------------|-------|---------|------------|---------------|-----------|
|-----------------|-------|---------|------------|---------------|-----------|

# STATE OF MARYLAND—CERTIFICATE OF DEATH

| 1. PLACE OF DEATH   | (1/9)  |
|---|--|
| County Calvert  | Registration Dist. No. 50  |
| Village or City Oliver  | ND. St. Ward   |
| (If Length of residence in city or town where death occurredyrs,mos   | death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?yrsmosds. |
| 2. FULL NAME Victor allen m.  | ? Cready   |
| (a) Residence: Np.  | St. Ward.  |
| (Usual place of abode)  | If nonresident give city of town and State   |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE OR DEVORCED (write the word)  | 21. DATE OF DEATH July 30 19952  |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  | (Month) (Day) (Yeer)  22. I HEREBY CERTIFY, That I attended deceased from 29 1932 to sulle 30 1932   |
| 6. DATE OF BIRTH (month, day, and year) Jacu. 30-1932   | I last saw h 1 m alive on July 37, 1932; death is said   |
| 7. AGE Years Months Days If LESS than   | to have occurred on the date stated above, at  |
| O 1 day,hrs.  | The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence were as follows:   |
| NOT SAW MER, BODKKEPPR, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked at this occupation (month and year)  11. Total time (years) spant in this occupation. | Lieo Colito July 26  |
| 12. BIRTHPLACE (city or town) Marylored (State or country)  | Other Coutributory Causes of importance:   |
| 13. NAME Cast Mª Cready   |  |
| 13. NAME ask. Mc Cready  14. BIRTHPLACE (city or town) Marylacek (Stete or country)   | Name of operation Dete of Was there an au'opsy?  |
| I 15. MAIDEN NAME Ethel Thomas  | 23. If death was due to external causes (VIOLENCE) fill in also the following:   |
| 15. MAIDEN NAME Ethel Thomas  16. BIRTHPLACE (city or town) Maryland  (State or country)  | Accident, suicide, or homicide? Dete of injury, 19   |
| 17. INFORMANT Earl M & Crealy (Address)   | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.                           |
| 18. BURIAL, CREMATION, OR REMOVAL Place Date 730 , 1932   | Menner of injury   |
| 19. UNDERTAKER (Address) Solomone med   | 24. Was disease or injury in eny way related to occupation of deceased?  If so, specify  |
| 20. FILED /30 ,19.32 DVCS forter. Registrar.  | (Signed) (Address) Solomons med M. D.  |
| If more blanks are needed, address State Registrar  | 2411 N. Charles Street Baltimore Requesting T) S No.   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
|  |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

# ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS Exact statement EXACTLY. properly classified. FOR BINDING stated RESERVED CAUSE OF DEATH in plain terms, so that it may be should be mation should be carefully

V. S. No. 1

ż

should state of OCCUPA-

| 1. PLACE OF DEATH  |  |  | 1000             |
|--|--|--|------------------|
| County ( alvey)  | 1174                                   | Registration Dist. No.   | 2                |
| Village or City Ches. Deal   |  | NpSt.,   | Ward             |
|  | //                                     | f death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth? |                  |
| Length of residence in city or town where deeth occurred   | yrs.gmos                               | gs. How long in 0.5. If of foleign birth?yrsm  | .0505.           |
| 2. FULL NAME Baly  | Mua                                    |  |                  |
| (a) Residence: No. (Usual place  | of abode)                              | St., Ward.  If nonresident give city or town and   | l State          |
| PERSONAL AND STATISTICAL PARTI   | ICULARS                                | MEDICAL CERTIFICATE OF DEATH   |                  |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MAR OR DIVORCE  | RRIED, WIDOWED,<br>ED (write the word) | 21. DATE OF DEATH (Month) (Day)  | , 193 (Year)     |
| 5e. If married, widowed, or divorced HUSBAND of  |  | 22. I HEREBY CERTIFY. That I attended  | deceesed from    |
| (or) WIFE of   |  | 19   |                  |
| 6. DATE OF BIRTH (month, day, and yeer) 7/30/  | 32                                     | I last sew h alive on, 19  | _; death is said |
| 7. AGE Yeers Months Days   | If LESS than                           | to have occurred on the dete stated above, at 530 Pm.  |                  |
|  | l day, hrs.                            | The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:   | Date of onset    |
| 8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  |  | All oon  | Date of ouset    |
| kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this correction (month and |  |  |                  |
|  | time (years)<br>ent in this<br>upetion |  |                  |
| 711-1  |  | Dther Contributory Causes of Importance:   |                  |
| 12. BIRTHPLACE (city or town)  |  | Jaman Jaman  |                  |
| E 13. NAME albert Shan   | n                                      |  |                  |
| 13. NAME CLAST 14. BIRTHPLACE (city or town)   |  | Name of operation Dete of  |                  |
| (State of country)   | •                                      | Whet test confirmed diegnosis? Was there en  | eutopsy?         |
| 15. MAIDEN NAME Organic Mon  | ne                                     | 23. If deeth was due to external causes (VIDLENCE) fill in elso the followin   | ig:              |
| 5 16. BIRTHPLACE (city or town)  |  | Accident, suicide, or homicide? Dete of injury   | , 19             |
| ∑ (Stete or country)   |  | Where did injury occur? (Specify city or town, county and Ste  |                  |
| 17. INFORMANT About Alian (Address)  | ~                                      | Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PI  |                  |
| 18. BURIAL, CREMATION, DR REMOVAL  |  | Menner of Injury   |                  |
| Plece Mc Harmeny Date July   | y 3 D , 1937                           | Neture of Injury   |                  |
| 19. UNDERTAKER about shaver  | O.                                     | 24. Wes disease or injury in eny way related to occupation of deceased?  |                  |
| (Address) Cheb Buch  |  | If so, specify   |                  |
| 20 FILED Frely 34 1932 WHHard  | lash                                   | (Signed) Just Wand   |                  |
| 20. FILLD 2. F.  | Registrar.                             | (Address) Daging Md  |                  |

STATE OF MARYLAND-CERTIFICATE OF DEATH

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
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| Chronic interstitial nephritis A R 1400  | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| BUREAU V S   |               |  |               |
| 4  |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|------------|-------|-----|---------|------------|----|-----------|